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Approved for use through 11/20/2011. (10.08 65)-1.035.
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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under							
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as attornsy(s) or agent(s) to represent the undersigned before the United Stafes Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned grily to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CPR 3 75(b).							
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Assignee Name and Address: EPAX Consuling Limited Liability Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTOSS956 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) up to completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature	Milandelina		Date	1.25	//		
Name	Melissa Coleman		Telephone				
Title	Title Authorized Person for EPAX Consulting Limited Liability Company						